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CONFIRMATION NO. 6618

<b>SERIAL NUMBER</b> 10/783,723	<b>FILING OR 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1759.17207-FOR DIV 2
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**APPLICANTS**  
 Reynaldo A. Osorio, Daly City, CA;  
 Marialulu Follmer, Santa Clara, CA;  
 Richard W. Layne, Palo Alto, CA;  
 Ryan P. Boucher, San Francisco, CA;  
 Karen D. Talmadge, Palo Alto, CA;  
 Joseph J. Basista, Mountain View, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** *OK FCC*  
 This application is a DIV of 09/827,260 04/05/2001 PAT 6,726,691 which claims benefit of 60/194,685  
 04/05/2000 ABN *OK FCC*  
 and is a CIP of 09/134,323 08/14/1998 PAT 6,241,734

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None FCC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/14/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
26308

**TITLE**  
Methods and devices for treating fractured and/or diseased bone

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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